the 1981 White House Conference on Aging

COMPLETED

ORIGINAL

Executive Summary of Technical Committee on

CREATING AN AGE INTEGRATED SOCIETY: IMPLICATIONS FOR GOVERNMENTAL STRUCTURES

NOTE: The recommendations of this document are not recommendations of the 1981 White House Conference on Aging, or the Department of Health and Human Services. This document was prepared for the consideration of the Conference delegates. The delegates will develop their recommendations through the processes of their national meeting in late 1981.

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I. INTRODUCTORY OVERVIEW

The Technical Committee on Governmental Structures focused on three general areas:

1. The role of government--the nature and extent of its responsibility and policies regarding older citizens.

2. The strategies which should be considered to achieve national objectives.

3. The most effective, efficient and responsive structures for delivery of needed services.

Structural developments should follow policy developments. Innovative policy missions may require the consideration of different organizational models for assuring effective management.

In today's changing society, the responsibility for assisting the elderly has shifted from private social institutions to governmental agencies and has affected the roles of the family, community groups and private agencies.

The mode of dealing with the elderly has been largely on a national priority basis, problem by problem, both legislatively and organizationally. Hundreds of pieces of special-purpose legislation have been enacted by Congress and state legislatures, and administered by agencies and subunits in the intergovernmental chain. Our political system, characterized by bargaining and compromise, allocation of scarce resources and a fragmented federal structure, often results in general purpose programs with little sense of priority and insufficient resources. This makes administration formidable and leads to fragmented or incoherent responses to the needs of the elderly.

Problems of governmental structures are entering a critical second stage of understanding and decision. Now there is substantial effort but an absence of overall policy or structural coherence. Several concerns in the policy-organization link are identified for discussion by delegates:

1. Administrative organization related to purpose and mission.

2. Linkage, coordination and integration of fragmented administrative structures.

3. Policy and program management.

4. Intergovernmental relations and management.

5. The emergence and roles of quasi-government and private contractors.

6. The role of senior citizens in policy advocacy and representation on government advisory structures.

7. The roles of elected officials at state and local levels.

The growth of the public sector may have blurred the effects of private social institutions, such as family, friends, neighborhoods, ethnic groups, and associations in maintaining the vast majority of citizens over 60. These "intermediate structures" play an important supportive role that government cannot play.

The issues have been divided into four areas: (1) public policy and leadership in policy development, i.e. efforts by governmental officials to identify problems and propose action; (2) organization and management, i.e. issues of levels and groupings of programs and operations; (3) fragmentation, federalism and flexibility, i.e. the issues relating to numerous and divided programs administered through a complex governmental and nongovernmental chain; and, (4) advocacy and advisory structures, i.e. the various means by which elderly persons influence government.

This report presents issues and conclusions, for consideration by the delegates, organized along these four basic divisions rather than exact and specific recommendations--a task properly in the province of the delegates.

II. PUBLIC POLICY AND LEADERSHIP IN POLICY DEVELOPMENT

The discussion of policy and leadership focuses on relationships between policy aims and policy performance. Many programs and sponsors overlap. Many agencies are expected to take policy leadership for the aging, but without necessary means or power.

The most critical issue relating to governmental structure is whether or not there is a need for categorical federal and state governmental agencies for the elderly. The advantages and disadvantages of age-integrated and age-specific programs in various circumstances need immediate study. Second, the increasing scarcity of resources highlights the need to establish priorities, define roles and clarify responsibilities in and between all programs. Third, the design of agencies and programs must enhance the potential for achieving the desired objectives.

The policy and leadership issues and conclusions are:

1. Lack of clearly defined roles for the AoA and the Federal Council on Aging: These need clarification, especially with regard to leadership responsibility in policy development.

2. The key role of state governments in defining and implementing Federal programs: extensive review of Federal policies, regulations and financing mechanisms affecting a state's ability to act on behalf of the elderly is needed.

3. The policy leadership of state officials and administrators in state units on aging: incentives are needed to encourage activity beyond Federal requirements, including involvement of key political and administrative leaders in assessing the status of the aging, establishing action priorities, integrating programs and pooling resources where feasible.

4. The leadership of Area Agencies on Aging: authority and resources are needed to fulfill leadership functions at the sub-state level. Convening elected officials, the private sector and staffs of independent operating agencies at the local level is essential to establishing and achieving responsive national priorities and policies. Extension of the current organization, role, authority and resource of AAA's warrants further investigation.

5. The participation of local elected officials: means should be created for policy input and "Network" participation by elected officials - particularly general purpose government officials in non-AAA designated areas.

III. ORGANIZATION AND MANAGEMENT

The discussion of O&M focuses on those issues for organizing to accomplish policy aims, accountability, and meet citizen needs rather than on the "how to" of administration. As administrators proceed they must recognize the important choice-making and guidance roles of elected officials at all levels of government.

Organization and Management, issues and conclusions are:

1. The largest programs affecting the elderly--income and health financing; these presently are not unified within HHS. In fact, income, health and social services programs are not integrated at any point.

2. Improving program management: this requires common approaches to setting priorities, determining and

planning appropriate courses of action and monitoring/evaluating program objectives, including: setting national goals and priorities with proper input from affected parties; flexible options in carrying out goals by state and local administrators; fiscal auditing based on performance standards and goals, streamlining of present federal requirements and burdens; establishment of program and performance standards based on goals and objectives; and, contracting and contract employment based on program goals and standards.

3. The categorical approach to developing services and supports for the elderly: this resulted in structural barriers to effective management. These barriers make pooling funds and other apparent solutions difficult to achieve. The resolution of consequent problems requires detailed and sophisticated analysis for effective management.

4. Options for federal government organizational structure:

   a. Create a federal Department of Aging which would possess leadership capability and administrative responsiblility for major existing aging programs.

   b. Place AoA and perhaps other program units that primarily deal with the elderly in the Social Security Administration, where they would be grouped with the largest administrative unit dealing with the elderly. Unified administration would not only provide an opportunity for program consolidation and coordination at the federal level, but would offer greater opportunity for other aging programs to be administered through the SSA district and field office structure.

   c. Reorganize AoA, with greater independence and hierarchical prominence within HHS (Health and Human Services).

   d. Develop an Aging Policy Council, i.e. a working group of key subcabinet officials who have major responsibility for the elderly.

   e. Appoint an Assistant Secretary for Aging in each department or agency having responsibilities for Aging programs.

   f. Introduce a structure similar to the former President's Council on Aging, made up of cabinet-level officials and other advisors from within and outside of government.

5. Administrative relationships between SSI and OASI: these two major income programs remain separate in many respects. Consideration should be given to unified

administration, similar to the federal Medicare-Medicaid merger in HCFA (Health Care Finance Administration.)

6. The roles of federal and state officials: the division of authority and responsibility of each in the exercise of supervision and requirements applied to state and substate agencies needs clarification.

IV. FEDERALISM, FRAGMENTATION AND FLEXIBILITY

The three themes in this section reflect federal programs that are increasingly national in direction, categorical in framework, but implemented through numerous governmental units, claiming a need for increased choice-options to meet national directions. Despite a nationalization of programs for the elderly, most of the planning and fulfillment of needs cannot occur in Washington, D.C. or the Regional offices. Considerable state and local programming for the elderly can and does occur. State and local governments have taken many notable actions to use their governance powers to provide tax benefits for the elderly, enacted regulations that have protected the elderly, and have offered services financed without federal support.

Coordination has been looked to as the major answer to solving the problems of fragmentation. However, neither the difficulties involved in designing and implementing the concept nor the realities of agency responsibilities, power and turf have been carefully considered. Alternatives to coordination, such as creative intergovernmental management approaches and techniques for negotiating differences and forging solutions, should be promoted. If network management is undertaken as a coordination strategy it should be recognized as an extremely complex task encompassing multiple management approaches, including redefined services delivery, forging linkages between agencies and programs, improving capability to manage policies and reorganizing to facilitate other approaches.

The issues and conclusions in this area include:

1. Federal requirements imposed on the states: these should ensure maximum state flexibility in carrying out those mandates. States should recognize the corresponding responsibility of their role in meeting national aims.

   Efforts should be made to identify, promote and enhance the choice-making responsibilities of state and local officials in dealing with the elderly.

2. The role of general purpose local government (cities, counties, towns): Increasingly, thrust upon it are problems of the elderly that are the legislated responsibility of other jurisdictions.

Large general purpose governments are able to undertake leadership and focused responsibility for local programs. As the major units of government affecting citizens regarding the delivery of most local services, they possess greater scale and ability to act on behalf of the elderly than small cities or counties, or quasi-governmental units in their area. Strengthening local governments may include designating cities and counties as AAA's, permitting geographic subcontracts, or giving them increased service delivery responsibility for federal-state programs. In addition, the issue of self designation by cities and counties as AAA's requires careful study.

3. The potential of AAA's to develop comprehensive systems of service needs: this may be illusory. Attempts to develop comprehensive systems appear to be based on vague mandates in the regulations. Area agencies report little flexibility. The development of systems conflicts with mandates of other programs and the power and jurisdiction of other agencies.

Management of the "aging network" must begin with the natural support and helping systems in the community such as families, neighborhoods, ethnic groups and other social groups. Their role should be promoted, including participation of the private sector in planning and advisory functions as well as program implementation.

V. ADVOCACY AND ADVISORY STRUCTURE

This section focuses on three areas: (1) the efforts of government organizations in encouraging and arranging benefits and services from other agencies, particularly questions regarding the mandated roles of AoA, the Federal Council on Aging, state units on aging and AAA's; (2) the function and role of citizen advisory structures, particularly those under the Older Americans Act; and, (3) program structure designed to provide citizen redress.

Advocacy programs located within governmental agencies often have considerable difficulty in promoting change for the elderly by other agencies. This is especially true when the advocacy agency is buried in one department and must deal with the head of its own or another department. On the other hand, if a powerful Cabinet officer can be enlisted, the aging advocate unit may actually acquire enormous power.

The role of citizen advisory groups is found in many cases to be ineffectual. Few have achieved a great deal of impact on policy or administration. It may be inconsistent to require so many policy-advice-giving bodies when normal channels of access to elected officials exist. In many cases function and role of advisory bodies is either unclear or restricted under law.

There is also evidence that members of citizen advisory bodies often have neither proper training and development nor access to independent sources of information.

Most citizen redress structures such as ombudsman and legal services programs are found to be somewhat more effective when independent of agencies they are petitioning.

Advocacy and advisory issues, and conclusions include:

1. The several questions concerning the appropriate advocates for aging populations at all levels:

   a. Is it inconsistent for an agency like AoA at its present organizational level to perform advocacy functions with cabinet level and independent agencies?

   b. Can a part-time advisory group such as the Federal Council on Aging meet the technical demands of policy advocacy?

   c. Is a subcabinet structure, involving key cabinet members dealing with the aging, a meaningful option?

   d. Is the White House level counselor to the President an optimal arrangement or should this function be fulfilled in other ways?

   e. Is it structurally inconsistent for state and substate units to have major planning, operational and advocacy responsibility? What alternative structures should be considered?

   f. If advocacy remains as an important substate goal, should it be undertaken by other agents, i.e., governmentally funded, non-governmental groups?

2. The efficacy of citizen redress programs: these should be examined, both for their effectiveness in meeting the needs of a wide range of grievances and in the capacity of the elderly to seek redress.

3. The locale of individual citizen advocacy programs: these should be examined. Is it inconsistent for advocates such as ombudsmen to be within the structure of government agencies that deliver the services? Should the "legal services" model, outside of operational agencies, be replicated?

4. Policy advocacy by government agencies: is it less effective when there is no coherent policy strategy or framework for action regarding the elderly?

5. Citizen advocacy regarding policy on national centralized programs (OASI and Medicare): the means of citizen input and evaluation needs strengthening.

6. Structural and operational changes to give citizen advisory bodies greater influence in setting and monitoring the action agencies take: these should include amending statutes and regulations to allow for increased policy-advice-giving; providing greater independent resources to advisory bodies to conduct their own investigations; and providing independent means of gathering program input.

7. The criteria for membership on advisory bodies should be more specific, particularly in regard to "recipients of services".

8. Systematic and continuing efforts should be made to monitor the role, impact and contribution of advisory groups.

VI. CONCLUDING OBSERVATIONS

Recommended actions are most likely to be given favorable consideration when accompanied by specific, measurable objectives, cost-benefit data, assignment of responsibilities and information feedback mechanisms.

Since many of the changes and options require resources, research and/or skills and knowledge not currently available, the WHCOA recommended changes or new activities must include the necessary supports and resources to achieve the desired objectives.

The following Technical Committee Summaries have been published:

Retirement Income
Health Maintenance and Health Promotion
Health Services
Social and Health Aspects of Long Term Care
Family, Social Services and Other Support Systems
The Physical and Social Environment and Quality of Life
Older Americans as A Growing National Resource
Employment
Creating an Age Integrated Society: Implications for Societal Institutions
Creating an Age Integrated Society: Implications for the Economy
Creating an Age Integrated Society: Implications for the Educational Systems
Creating an Age Integrated Society: Implications for Spiritual Well-Being
Creating an Age Integrated Society: Implications for the Family
Creating an Age Integrated Society: Implications for the Media
Creating an Age Integrated Society: Implications for Governmental Structures
Research in Aging

Experts from various fields were appointed by the Secretary of Health and Human Services to serve on 16 Technical Committees, each charged with developing issues and recommendations in a particular area for consideration as background material for the delegates to the 1981 White House Conference on Aging.